

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 04/24/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Twenty sessions of chronic interdisciplinary pain management as an outpatient.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Records from provider including a report from the M.S. dated 01/18/07, physical therapist, dated 01/09/07, and the physician dated 01/09/07. At the time the physician saw the patient, the patient was taking 1 Lortab tablet twice a day and Neurontin 300 mg 2 tablets twice a day
2. Notes from provider on 07/31/06 and 02/02/07
3. An MRI scan report dated 10/25/02 of the lumbar spine, showing herniated discs at L2/L3, L4/L5, and L5/S1
4. MRI scan report dated 09/30/04 showing a herniated L4/L5 and L5/S1 disc
5. EMG report dated 04/23/03, which showed paraspinal abnormalities only in the lumbar spine without convincing evidence of lumbosacral radiculopathy
6. Report of low back surgical procedure in May 2004, which appears to have been a laminectomy, which was followed up on 04/27/06 with a posterolateral interbody fusion at the L4/L5 and L5/S1 levels
7. Discogram report of 07/07/05 showing concordant pain at the L4/L5 and L5/S1 levels; no post discogram CT scan report available for review
8. Independent Medical Report dated 09/05/06
9. Notes from 02/12/07, 03/05/07, and 03/19/07, which discussed his use of the caudal epidural steroid injection on 03/05/07 as well as symptoms thereafter and preceding that injection

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

While at work, the employee slipped while trying to move a 2500-pound pallet. He developed lower back pain, which was treated with extensive physical therapy including work hardening, which by history he failed at on 2 occasions. He has had at least 4 sessions of psychotherapy. He has met with counselors. He has undergone 2 spine surgeries with no significant improvement noted post surgery.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

It would appear as though the injured employee has a chronic post laminectomy and post fusion back pain syndrome. This appears to be complicated with some element of anxiety and some personality type disorder described in the various psychological assessments. He is on minimal medication but is functioning at a low level at this point in time. The records reflect that he did have some favorable outcome from the brief psychological counseling sessions that he had. His psychological profile raises the question as to whether or not he is going to be a willing participant in a chronic interdisciplinary pain management program and if so, if he would actually be able to benefit from the same.

Based on his failure to improve significantly with the aforementioned diagnostic interventions, I would suggest a 10-day trial of a chronic interdisciplinary pain management as reasonable with the final 10 visits dependent upon the outcome of the first 10 visits. Clearly, if he is participating appropriately in this interdisciplinary pain program, and the short-term goals are being approached, then additional 10 visits for a total of 20 visits may be reasonable. There are, however, sufficient indices identified in the various medical records to suggest that his participation and potential for benefit from this type of program is not assured.

It is my belief, however, that given his clinical situation and looking at his overall assessments to date, that a 10-day trial would be a reasonable proposition at this point in time to achieve his stated goals of this chronic interdisciplinary pain program.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.

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- \_\_\_\_\_ Mercy Center Consensus Conference Guidelines.
- \_\_\_\_\_ Milliman Care Guidelines.
- \_\_\_\_\_ ODG-Official Disability Guidelines & Treatment Guidelines.
- \_\_\_\_\_ Pressley Reed, The Medical Disability Advisor.
- \_\_\_\_\_ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- \_\_\_\_\_ Texas TACADA Guidelines.
- \_\_\_\_\_ TMF Screening Criteria Manual.
- \_\_\_\_\_ Peer reviewed national accepted medical literature (provide a description).
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)